



*City of
Harrisonburg, Virginia*

Fire Department

345 S. Main Street
Harrisonburg, VA
22801

The Fire Department's hiring list runs through June 30th of each year, at which time a new list will be prepared.

An entrance test is given each year and you will be notified in time to make arrangements to take the test, after which time your name will be added to the new hiring list.

In the event that it becomes necessary to hire someone before that time and the current list is depleted, your application will be given consideration and the necessary steps taken to ensure you of an equal chance of employment.

Please print in ink
(preferably black)

No. of Attachments_____

Mail to:
P.O. Box 20031
Harrisonburg, VA 22803

CITY OF HARRISONBURG
An Equal Opportunity Employer

**APPLICATION
FOR EMPLOYMENT**



345 South Main Street
Harrisonburg, VA
22801

Employees of the City and all applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling 540-432-7701.

1. Position applied for _____ 2. Position # _____
(one per application)

3. Social Security No. _____ (NOTE: Completion of # 3 is optional. Failure to submit social security number on this form will not prohibit consideration. Social Security number will be required on other forms prior to employment.)

4. Full Legal Name _____ 6. Home Phone _____
Last First Middle

5. Address _____ 7. Cell Phone _____

_____ 8. Business Phone _____
City State Zip

9. EDUCATION

a. Check highest grade completed ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No

c. Check number of years of post high school education ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

License (to include driver's), certificate or other authorization to practice a trade or profession.

Type License Number Granted by (licensing board)

10. EXPERIENCE

A RESUME MAY NOT BE SUBMITTED FOR COMPLETION OF THIS SECTION

PRESENT EMPLOYER _____ Dates From: _____ To: _____

Address _____ Phone No. _____ Ave. Wk Hrs. _____

Job Title _____ Salary Starting _____ Ending _____

Supervisor's Name _____ Reason for leaving _____

Duties _____

EMPLOYER _____ Dates From: _____ To: _____
 Address _____ Phone No. _____ Ave. Wk Hrs. _____
 Job Title _____ Salary Starting _____ Ending _____
 Supervisor's Name _____ Reason for leaving _____
 Duties _____

NOTE: USE SUPPLEMENTAL FORM FOR ADDITIONAL EMPLOYMENT HISTORY IF NEEDED

Additional information you think would help us evaluate your application, including training, seminars, workshops, specialized skills, etc.

11. REFERENCES

List names, addresses, and relationships of three persons not related to you who know your qualifications.

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. MISCELLANEOUS

- Check which job status you would accept: Full Time _____ Part Time (specify) _____
- Are you willing to accept employment which requires you to travel? _____ No _____ Yes
- For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 _____ Yes _____ No Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- Section 2.2-2903 of the Code of Virginia prohibits any board, commission, department, agency, institution, or instrumentality of the City of Harrisonburg from employing a person who is required to present himself and submit to the federal Selective Service registration Requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? _____ Yes _____ No.
 If no, state reason: _____
- For purposes of compliance with Section 2.2-903 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard?
 _____ Yes _____ No. If yes, did you serve during the Vietnam Conflict (2/28/61 – 3/7/75)? _____ Yes _____ No.
- Have you ever been convicted* for any violation(s) of law, including moving traffic violations. _____ Yes _____ No. If Yes, please provide the following:
 Describe the offense:
 County, City, State of Conviction: _____ Statue or ordinance (if known) _____ Date of conviction _____
 (For additional convictions use plain paper. Include all information listed above.)
 - Convictions include Virginia juvenile adjudications for Capital murder, First and Second degree Murder, Lynching, or Aggravated Malicious Wounding, if You were age fourteen (14) to eighteen (18) when charged.

13. When will you be able to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.) __ Mo. __ Day __ Yr.

14. CERTIFICATION Each Application Requires Current Date and Original Signature.

I hereby certify that all entries on application and attachments are true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the City of Harrisonburg. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and education institutions listed being contacted regarding this application. I further authorize the City to rely upon and use, as it sees fit, and information received from such contacts. Information contained on this application may be disseminated on a need-to-know basis for good cause shown as determined by the Department Director.

Date _____ Applicant's Signature _____

Name _____ Position Number _____

Social Security Number _____ - _____ - _____ Position Applied For _____

EMPLOYER _____ Dates From: _____ To: _____

Address _____ Phone No. _____ Ave. Wk Hrs. _____

Job Title _____ Salary Starting _____ Ending _____

Supervisor's Name _____ Reason for leaving _____

Duties _____

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Duties _____

Name _____

Courses taken for self-development

Name of college attended _____

Number of hours of college credit _____

Did you receive a degree? Yes No _____

What field is the degree in? _____

What type of degree? _____

Place a check mark beside any of the listed Virginia certification levels which **you currently** hold.

____ Firefighter I ____ Instructor I ____ Officer I

____ Firefighter II ____ Instructor II ____ Officer II

____ Instructor III ____ Officer III

____ Instructor IV ____ Officer IV

____ Driver/Pump Operator ____ Aerial Operator

____ HazMat Awareness ____ EMT

____ HazMat Operations ____ Shock Trauma

____ HazMat Technician/Specialist ____ Cardiac

____ HazMat IV ____ Paramedic

Virginia Driver's License Number _____

Traffic violations for which you were convicted _____

List any other court convictions _____

Signature of Applicant

City of Harrisonburg, Virginia
Applicant Data Form

The following information is required to meet federal reporting and record keeping requirements. This information **will not** be used for making employment decisions and **will not** be provided with your application to the appointing authority.

____ Male
____ Female

____ White
____ Black
____ Hispanic
____ Asian or Pacific Islander
____ American Indian

Check the highest level of education you have completed (check only one).

____ Less than 8th grade
____ Completed 8th grade
____ Attended high school
____ High school graduate or equivalent
____ Attend college
____ College graduate
____ Attended graduate school
____ Master's degree
____ Graduate study beyond Master's
____ Ph.D. or professional degree

Applicant's Name: _____

Position applied for: _____

How did you learn about the position for which you are applying?

____ Newspaper

____ City Website

____ Posted Job Announcement

____ City Employee

____ Virginia Employment Commission

____ City jobline

____ TV – City Span

____ Other (please specify) _____

FOR OFFICE USE ONLY

EEO Category: _____

EEO Function: _____